

MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002769

FILED VS FEB 8 1960

274

3052

48

STATE FILE NUMBER

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **48**

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> Length of stay in lb <u>47 yrs</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>1600 West 7th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>May</u> Last <u>FERGUSON</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>31</u> Year <u>1960</u>											
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-25-1882</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Farragut Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>							
13a. FATHER'S NAME <u>Frank Pathburn</u>				13b. MOTHER'S MAIDEN NAME <u>Lila Hester Dowland</u>				14. NAME OF HUSBAND OR WIFE <u>Allan A. Ferguson</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mr. A. A. Ferguson</u>		Address <u>1600 W. 7th Sedalia</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Retroperitoneal Hemorrhage</u>												INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b) _____			
DUE TO (c) <u>Rupture of aneurysm, abdominal aorta</u>												<u>12 hours</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>January 30, 1960</u> , to <u>January 31, 1960</u> and last saw <u>her</u> alive on <u>January 31, 1960</u> Death occurred at <u>11:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>Stanley D. Fisher M.D.</u>						22b. ADDRESS <u>500 S. 16th Sedalia, Missouri</u>				22c. DATE SIGNED <u>1 Feb. '60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-2-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>				23d. LOCATION (City, town, or county) <u>Sedalia</u>		(State) <u>Mo</u>					
24. FUNERAL DIRECTOR <u>M^o Laughlin Bros Sedalia</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>							

BY AFFIDAVIT OF

